PART B - FEE(S) TRANSMITTAL

VIG 0 2 7006	this form, together w		or <u>F</u> a	Alexa <u>ax</u> (571)	Box 1450 andria, Virg -273-2885	inia 22313		
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Los Angeles, CA 9	وهدهای 1026-25 00 W.W. ۲۲	erg Trauric lacker Pr o, IL 6060	3 HP Suite 2500 01-1732		7/31/0	6	CZYDS	(Depositor's name) (Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAME		NVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/955,642 TITLE OF INVENTION: D	09/18/2001 IGITAL IMAGE FRAME A	•	08/03/2006 HVUONG2 00000032 09955642					
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BUI, KIEU 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	cee Address" (37 Correspondence ation form	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI SIMPLE DEAT Please check the appropriate	an assignee is identified be 37 CFR 3.11. Completion of EE	clow, no assignee of this form is NO	data will appear T a substitute for (B) RESIDENC WHEED	on the pate filing an ass E: (CITY as	nt. If an assigning ment. and STATE OR (COUNTRY)		document has been filed for
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5. Change in Entity Status a. Applicant claims St	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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